



Los Angeles County-Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
2013 (Fiscal Year 2012-2013)
CHANGES MADE ON A STANDARD



LEMSA: Los Angeles County

FY: 2012-2013

TABLE 1 - STANDARDS

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.24	Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency. Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.				Although all ALS providers have been approved by the LEMSA, only written agreements are in place with private ALS providers. Written agreements with public ALS providers remain outstanding due to conflicts in the interpretation of State law and regulations with regards to ".201 rights", and the fear that by signing such an agreement their .201 rights would be extinguished. As previously indicated, a response from the Office of the Attorney General (OAG) remains pending with regards to .201 rights. Furthermore, it is unlikely there will be any progression on meeting this goal until a response from the OAG is issued. Although "written agreements" have not been established with public ALS providers, the LEMSA continues to ensure that all EMS provider agencies, public and private, adhere to all of the policies, procedures, and protocols of the EMS system.	The LEMSA shall successfully negotiate and implement ALS provider agreements with additional ALS providers. Since it is likely there will be no progression on this objective until a response is issued from the OAG, we respectfully request the removal of this long range goal, or at a minimum its deferral until a response is issued.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	<p>1. The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area. 2. The local EMS agency should have written agreements with acute care facilities in its service area.</p>	Yes			<p>1. The LEMSA conducts an annual Impact Survey of all 9-1-1 receiving hospitals. This Impact Survey assess each receiving hospitals capability, number of 9-1-1 patients received, and number of emergency department visits. Annually these facilities are rated based upon the survey results utilizing a scoring system to determine critical access 2. The LEMSA continues to assess and periodically reassess EMS-related capabilities in all of the following categories: Paramedic Base Stations; Trauma Centers; Emergency Departments Approved for Pediatrics; Pediatric Medical Centers; Pediatric Trauma Centers; Perinatal Centers; ST-Elevation MI Receiving Centers; Approved Stroke Centers; Burn Surge Centers; and Disaster Resource Centers and their "Umbrella Hospitals". 9-1-1 receiving hospitals participating in any of the aforementioned EMS programs have undergone a formal approval processes by the LEMSA, with written agreements inplace. Currently, all 9-1-1 receiving facilities in the LEMSA service area have a minimum of one of the above specialty programs. Therefore, a formal approval process has been completed by the LEMSA and the facilities are assessed annually for their capabilities</p>	This standard has been met during this reported fiscal year.